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FAX

DATE: Oct. 25, 2005 Our Ref.: 10/053,182
(HALB:031)

TO: EXAMINER JOHN J. KREICK
CO.: Art Unit 3673 - USPTO
FAX #: 571 273 8300 PHONE #: _____
FROM: Karen Tripp

RE: Response to Non-Final Office Action

NUMBER OF PAGES: 17 (including coversheet)

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Oct 25 05 12:51p

Karen B. Tripp, Attorney

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PTO/SB/21 (09-04)
Approved for use through 07/31/2008; OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FORM

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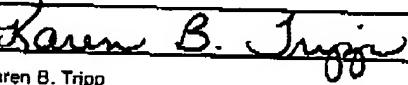
16

| | |
|------------------------|------------------|
| Application Number | 10/053,182 |
| Filing Date | January 16, 2002 |
| First Named Inventor | Mano Shearpoor |
| Art Unit | 3673 |
| Examiner Name | KRECK, JOHN J. |
| Attorney Docket Number | HALB-031 |

ENCLOSURES (Check all that apply)

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Credit card charge authorization |
| <input type="checkbox"/> Remarks <p>Please use credit card for fees only if Deposit Account No. 50-0807 lacks sufficient funds.</p> | | |

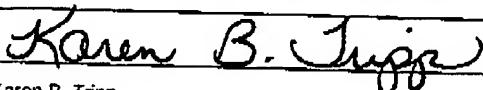
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Karen B. Tripp, Attorney at Law | | |
| Signature |  | | |
| Printed name | Karen B. Tripp | | |
| Date | October 25, 2005 | Reg. No. | 30,452 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature



Typed or printed name

Karen B. Tripp

Date October 25, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Karen B. Tripp, Attorney

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P.3

OCT 25 2005

PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 1,020**Complete if Known**

| | |
|----------------------|------------------|
| Application Number | 10/053,182 |
| Filing Date | January 16, 2002 |
| First Named Inventor | MANO SHAARPOUR |
| Examiner Name | KRECK, JOHN J. |
| Art Unit | 3673 |
| Attorney Docket No. | HALB:031 |

METHOD OF PAYMENT (check all that apply)

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| <input type="checkbox"/> Check | <input checked="" type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): If insufficient funds in: |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0807 | | | Deposit Account Name: Karen B. Tripp, Attorney | |

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

| | |
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| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|---|--------------|----------|---------------|---------------------------|----------|
| | | | | Fee (\$) | Fee (\$) |
| 21 - 20 or HP = 0 | x 0 | = 0 | | 50 | 25 |
| HP = highest number of total claims paid for, if greater than 20. | | | | 200 | 100 |
| | | | | 360 | 180 |

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|--|--------------|----------|---------------|---------------------------|---------------|
| | | | | Fee (\$) | Fee Paid (\$) |
| 4 - 3 or HP = 0 | x 0 | = 0 | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | / 50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 3 month extension fee

1,020.00

SUBMITTED BY

| | | | |
|-------------------|-----------------------|---|------------------------|
| Signature | <i>Karen B. Tripp</i> | Registration No. 30,452 (Attorney/Agent) | Telephone 713 658 9323 |
| Name (Print/Type) | Karen B. Tripp | Date October 25, 2005 | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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